

(c) by when such a legislation is likely to be put on place?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The 17th Law Commission has submitted its 201st Report on "Medical Treatment after Accident and During Emergency Medical Condition and Women under Labour (Draft Model Law Annexed)' on 31st August, 2006 to the Government. However, at present the above report No. 201 is being treated as a secret document until it is laid before the Parliament. Further, Section 134 (a) of the Motor Vehicles Act, 1988 already provides that it shall be duty of every registered medical practitioner or the doctor on duty in the hospital immediately to attend to the injured person and render medical aid or treatment without waiting for any procedural formalities.

Chikungunya in Nagpur

†344. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of Chikungunya came into light in Nagpur from June, 2006 to November, 2006;

(b) the number of cases proved fatal out of the said cases; and

(c) the effective steps taken by Government to prevent the disease from becoming epidemic in future?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There were 2002 suspected Chikungunya fever cases reported from Nagpur during the period from June to 18th November, 2006. The National Institute of Virology, Pune confirmed 32 blood samples positive for Chikungunya from Nagpur.

There was no death reported by the State of Maharashtra in Nagpur during the period directly attributable to Chikungunya.

(c) The Government has taken the following steps to prevent the disease from becoming epidemic in future.

1. Intensive Health Education using print, electronic and inter-

†Original notice of the question was received in Hindi.

2. Strengthening of district Rapid Response Team for effective vector control measures.
3. Establishing sentinel surveillance network by identifying districts and regional hospitals for early detection of Chikungunya cases.
4. Inter-sectoral coordination with other related departments like Revenue, Education, Irrigation, Rural Development, Tribal Welfare, integrated Child Development, PRIs and NGOs
5. Inter-State border meetings of the affected states for initiating synchronized prevention and control measures against Chikungunya.
6. Training of medical and paramedical workers in public and private sectors for early diagnosis and treatment of Chikungunya fever cases and treatment of post-Chikungunya sequelae.
7. Supervision and monitoring of Chikungunya prevention and control measures.

Fund allocation and distribution under NRHM

†345. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the total amount earmarked so far by Government under the National Rural Health Mission and the amount spent out of this;
- (b) the basic facilities to be provided in rural areas under this scheme;
- (c) whether the rural areas/places lacking in health amenities would be provided with special facilities under this scheme;
- (d) if so, the details of the facts thereof; and
- (e) the details of the measures taken by Government to provide cheaper and easily accessible health facilities to poor farmers and labourers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The amount allocated for the NRHM related activities during the FY 2006-07 is

†Original notice of the question was received in Hindi